## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless correct maintenance fee notifica	ed below or directed oth	ng the Patent, advance of nerwise in Block 1, by (a	n) specifying a new corre	espondence address;	and/or (b) in	dicating a sepa	correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
28940 7590 02/14/2011  PFIZER INC 10555 SCIENCE CENTER DRIVE SAN DIEGO, CA 92121				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
							(Depositor's name)
							(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	R ATTORNEY DOCK		DOCKET NO.	CONFIRMATION NO.
10/584,443 TITLE OF INVENTION	08/17/2007 : AGONIST ANTI-TRK	C ANTIBODIES AND I	Jaume Pons METHODS USING SAM	Œ	PC19	492A	4751
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE TOT.	AL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	05/16/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS	S			
GUSSOW, ANNE		1643	530-388100	_			
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			* ***				
		ified below, no assignee pletion of this form is NO				d below, the do	ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  230 East Grand Avenue							
RINAT NEUROSCIENCE CORP. South San Francisco, CA 94080							
Please check the appropr	iate assignee category or	categories (will not be pr	inted on the patent):	Individual <b>XK</b> Co	rporation or c	ther private gro	up entity 🔲 Government
4a. The following fee(s)  Issue Fee  Publication Fee (N  Advance Order -	No small entity discount p	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 161445 (enclose an extra copy of this form).					
	s SMALL ENTITY statu	ıs. See 37 CFR 1.27.	☐ b. Applicant is no lo				
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if requeecords of the United Sta	uired) will not be accepte ites Patent and Trademark	d from anyone other than Office.	the applicant; a regi	stered attorne	y or agent; or th	e assignee or other party in
Authorized Signature	/Debora	h A. Martin/		Date	May	16, 201	1
Typed or printed nam	e <u>Deb</u>	orah A. Marti	Ln	Registration N	o	44,222	
an application. Confiden	tiality is governed by 35	U.S.C. 122 and 37 CFR	1.14. This collection is es	stimated to take 12 r	ninutes to cor	nolete, includin	by the USPTO to process) g gathering, preparing, and ne you require to complete rtment of Commerce, P.O. Gr. Patents. P.O. Boy, 1450.

13-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.